ETS
AJA
BVO
DKH
EOG
ESP
JEM 1pp
JFK
JOG 1pp
JON
JPH
JTN
KAV
LAZ
LME
LPD
MW
MWC
TNC
WHC
WLS
WPF
WSO 1pp
WWD

ENVIRONMENTAL TOBACCO SMOKE

The first published studies reporting an association between exposure to environmental tobacco smoke (ETS) and chronic disease in nonsmokers appeared in the early 1980s. By 1986, the U.S. Surgeon General concluded that ETS causes lung cancer in nonsmokers, that it adversely affects lung function and causes respiratory symptoms and disease in children, and that separation of smokers and nonsmokers does not effectively minimize nonsmoker exposure to ETS. In addition, ETS exposures reportedly have been associated with increased risks of lung and heart disease in adult nonsmokers, and with the aggravation of pre-existing lung and heart diseases (e.g., asthma and angina). ETS also has been described as a cause of allergy and a major contributor to poor indoor air quality. However, none of these claims is convincingly supported by scientific data.

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WHAT IS ETS?

CLAIM: A NONSMOKER'S EXPOSURE TO TOBACCO SMOKE IS CLEARLY "PASSIVE SMOKING."

RESPONSES:

- The phrase "passive smoking" is a misnomer -- and a rather misleading one at that. Antismokers must be using the phrase for political reasons, because it is certainly inappropriate from a scientific standpoint. The same is true for the phrase "involuntary smoking." A nonsmoker is not exposed to mainstream smoke, the smoke to which the smoker is exposed. The usage of such terms reveals the extent to which some members of the antismoking community are prepared to inject emotion into the scientific debate.

- The tobacco smoke to which the nonsmoker is exposed is both qualitatively and quantitatively different from mainstream smoke. It is a highly diluted, aged and chemically altered mixture of sidestream and exhaled mainstream smoke. This mixture changes as it ages and mixes with other substances present in room air.(1) Quantitatively, the constituent levels found in such tobacco smoke are diluted from 100 to 1000 times the levels in mainstream and sidestream smoke.(2)

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PUBLIC SMOKING AND HEALTH

CLAIM: SMOKING SHOULD BE BANNED IN PUBLIC PLACES BECAUSE TOBACCO SMOKE CAUSES DISEASE IN NONSMOKERS.

RESPONSES:

- This assertion has not been convincingly demonstrated in the scientific literature. Much of the limited available research that has been used to promote smoking bans has been criticized by independent scientists and at international conferences.(1,5,6,10)

- The scientific literature frequently stresses that the data on ETS exposure and disease in nonsmokers are inconsistent and inconclusive and that much more research needs to be done.(1-7) It is not surprising then, that the co-organizer of a recent international conference on this subject in Montreal, Canada, remarked that "it appears premature to take any sort of regulatory action" on this issue at this point.(1)

- A participant at another recent international forum on indoor air quality concluded: "Whether a real risk [from exposure to tobacco smoke] is involved which in the future can be demonstrated on the basis of measurable

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PUBLIC SMOKING AND INDOOR AIR QUALITY

CLAIM: SMOKING SHOULD BE BANNED IN PUBLIC PLACES BECAUSE TOBACCO SMOKE ANNOYS PEOPLE AND CONTRIBUTES TO POOR INDOOR AIR QUALITY.

RESPONSES:

- Indoor air quality measurements taken under normal, everyday conditions indicate that the contribution of tobacco smoke to the air we breathe is minimal.(1) For example, typical nicotine measurements (which are particularly revealing because nicotine is unique to tobacco smoke) range from an exposure equivalent of 1/100 to 1/1000 of one filter cigarette per hour.(2) That means a nonsmoker would have to spend from 100 to 1000 hours in an office, restaurant or public place in order to be exposed to the nicotine equivalent of a single cigarette.

- Tobacco smoke may be an annoyance or nuisance to some people but other personal habits and behaviors (overpowering perfume, crying babies) may be equally or more annoying. If we start legislating personal behavior, where will it stop?

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SMOKING IN THE WORKPLACE: ACCOMMODATION

CLAIM: EXPOSURE TO TOBACCO SMOKE AT WORK INCREASES THE NONSMOKER'S RISK OF DISEASE.

RESPONSES:

- This claim is not justified on a scientific basis. The matter, simply stated, has become more political than scientific.

- Measurements taken in offices, workplaces and public places indicate that the contribution of tobacco smoke to the air we breathe is minimal.(1) For example, typical nicotine measurements (which are particularly revealing because nicotine is unique to tobacco smoke) range from an exposure equivalent of 1/100 to 1/1000 of one filter cigarette per hour.(2) In other words, a nonsmoker would have to spend from 100 to 1000 hours in an office, restaurant or public place in order to be exposed to the nicotine equivalent of just one cigarette.

- Other researchers who have measured tobacco smoke constituents in offices indicate that simple separation of smokers and nonsmokers effectively minimizes such exposures.(3)

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SMOKING IN THE WORKPLACE: VENTILATION

CLAIM: CIGARETTE SMOKE IS RESPONSIBLE FOR "SICK BUILDING" COMPLAINTS.

RESPONSES:

- Because it is visible and easily identified by its aroma, tobacco smoke is often blamed for poor indoor air quality. Government and private studies of "sick buildings" in the United States and Canada report, however, that tobacco smoke is related to only two percent to five percent of the buildings investigated for complaints about air quality.(1) This suggests that even a total smoking ban is not likely to affect comfort problems in 95 to 98 percent of "sick buildings."(2)

- The majority of indoor air quality problems in "sick buildings" have been traced to inadequate fresh air and poor air filtration. Because the visibility of tobacco smoke may be an indicator of inadequate ventilation, the prohibition of smoking often serves to mask the real reason for poor indoor air quality -- lack of proper ventilation. In addition, concentrating on tobacco smoke ignores the fact that adequate ventilation should always

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RISK ASSESSMENT AND META-ANALYSIS

CLAIM: RISK ASSESSMENT AND META-ANALYSIS HAVE SHOWN THAT EXPOSURE TO ETS RESULTS IN AN INCREASED RISK OF LUNG CANCER.

RESPONSES:

- Risk assessment is a technique used to estimate disease risk in individuals exposed to substances regarded as hazardous. A risk assessment is based on the presumption that exposure to the substance and the disease are causally related. However, the epidemiologic studies on spousal smoking and lung cancer incidence in nonsmokers do not provide convincing support for inference of a causal relationship.(1) Many of the studies are seriously flawed in design, conduct and analysis. Without sufficient evidence for an association, a risk assessment has no valid basis.(2)

- Despite this, several risk assessments have been published. They are based on a statistical technique called "meta-analysis," which combines the data from a number of epidemiologic studies. The meta-analysis generates an "average" risk estimate.

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ETS AND CANCER OTHER THAN THE LUNG

CLAIM: NON-SMOKERS EXPOSED TO ETS ARE AT INCREASED RISK OF DEVELOPING CANCER AT SEVERAL SITES.

RESPONSES:

- Very few studies have been published on ETS and cancer other than the lung. A presenter at a recent scientific symposium in Montreal, Canada, described them as follows: "These . . . studies provide insufficient data to evaluate the effect of ETS on cancer other than of the lung. The reported associations are weak and inconsistent, and are subject to the potential effects of biases and uncontrolled confounding factors . . . ".(1)

- A 1989 study by Slattery, et al., reported an increased risk of cervical cancer in non-smokers who reported three or more hours of ETS exposure per day.(2) Although the researchers attempted to adjust for age, church attendance, education and number of sexual partners, these variables do not account for all factors that may contribute to disease. This paper was strongly criticized by other scientists.(3)

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ETS AND CHILDREN

CLAIM: PARENTS INCREASE THEIR CHILDREN'S RISK OF DISEASE BY SMOKING AT HOME

RESPONSES:

- One of the most emotional claims in regard to this issue is that parents increase their children's risk of disease by smoking at home. However, in this area, as in so many others on this subject, studies have reported inconsistent and often conflicting data.

- Parents should be aware that although some studies report a link between tobacco smoke exposures and respiratory diseases in children, other factors have been reported to be associated with these diseases independent of whether or not the parents smoke. These factors include dampness in the home,(1) contagious respiratory infections at home and in day-care facilities,(2) proximity of the home in relation to industry and outdoor pollution,(3) heredity,(4) and cooking with gas.(5)

- This is an area where common sense should prevail. Common sense suggests that parents may wish to avoid many behaviors around their children. These are the

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ETS EXPOSURE AND NONSMOKERS WITH PRE-EXISTENT HEART/LUNG DISEASE

CLAIM: TOBACCO SMOKE IS A HEALTH RISK FOR NONSMOKERS SUFFERING FROM HEART AND LUNG DISEASES.

RESPONSES:

- The claim about heart disease is largely based on a 1978 study involving 10 heart patients which reported that exposure to tobacco smoke could hasten the onset of heart pain during exercise.(1) However, the credibility of this report, as well as other research by this investigator, has been widely challenged.(2) Furthermore, other than a single Russian language article about which relatively little is known,(3) the 1978 data have not been replicated in the literature. One reason for this may be the possibility that subjective factors may have influenced the data. This possibility is supported by research from Great Britain which actually measured objective responses of a group of heart patients to smoking and carbon monoxide exposure. Using these objective measurements, no adverse physical response were reported at <u>any</u> level of exposure.(4)

  Other scientists have questioned the plausibility of an association between adverse reactions in heart patients

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CONFOUNDING FACTORS

CLAIM: EPIDEMIOLOGIC STUDIES HAVE SHOWN THAT ETS EXPOSURE IS ASSOCIATED WITH INCREASED LUNG CANCER INCIDENCE IN ADULT NONSMOKERS AND INCREASED FREQUENCY OF RESPIRATORY DISORDERS IN CHILDREN.

RESPONSE:

- According to a 1990 publication by a German scientist: "Studies evaluating the hypothesis of a relationship between exposure to environmental tobacco smoke and lung cancer must take into account other environmental risk or protection factors and the possibility that exposure to environmental tobacco smoke may be confounded. This has not been done in the majority of such studies. Until this has been done, the claim of causality between environmental tobacco smoke and lung cancer remains uncertain." [Emphasis added.](1)

- Potential confounding factors in epidemiologic studies on ETS exposures and disease are numerous and varied. It is difficult but necessary to assess them in the design and conduct of an epidemiologic study. The following paragraphs list some of the possible confounders

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ETS/ALLERGY

CLAIM: PEOPLE ARE ALLERGIC TO TOBACCO SMOKE IN THE AIR

RESPONSE:

- This is one of the most common complaints about ETs exposure. Scientific researchers, however, have not reported specific allergens in tobacco smoke.(1) Thus, while some individuals may react to seeing or smelling ETS, that does not mean they are experiencing a true "allergic" reaction to tobacco smoke.

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THE SCIENCE OF ETS

CLAIM: DISINTERESTED AND OBJECTIVE MEDICAL AUTHORITIES SUCH AS THE U.S. SURGEON GENERAL HAVE CONCLUDED THAT TOBACCO SMOKE CAUSES DISEASE IN NONSMOKERS.

RESPONSES:

- Many of the scientific weaknesses that antismokers overlook when they make their claims about the nonsmoker's exposure to tobacco smoke are indeed noted in the scientific portion of the U.S. Surgeon General's Report on ETS.(1) Unfortunately, those points were omitted from the executive summary and press materials that accompanied the report when it was released. When one thinks about it, however, such omissions are not terribly surprising -- former U.S. Surgeon General C. Everett Koop, who released the report, had openly avowed his goal of moving the United States toward a "smoke-free" society by the year 2000.(2)

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- Whatever one's views about smoking, one has to question whether the means former Surgeon General Koop apparently adopted to reach his goal of a "smoke-free" society--scientifically unproven claims about the disease risks of tobacco smoke in the air -- are appropriate. Certainly, one has to be concerned about the potential

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